PART B - FEE(S) TRANSMITTAL this form, together with applicable fee(s), to: Mail Complete and s Mail Stop ISSUE FEE Commissioner for Patents NNT 5 3 SWOR P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000 or Fax INSTRUCTIONS. This form shows be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 4 should be completed where appropriate. All wither correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless correspondence or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 27774 7590 04/20/2004 MAYER, FORTKORT & WILLIAMS, PC Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below. 251 NORTH AVENUE WEST 2ND FLOOR WESTFIELD, NJ 07090 Marjorie Scariati (Depositor's name) Mari (Signature) (Date APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/008,999 12/07/2001 John D. Dobak III 2050/1 D1 5765 TITLE OF INVENTION: MEDICAL PROCEDURE APPLN. TYPE SMALL ENTITY **ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE YES \$665 \$300 \$965 07/20/2004 nonprovisional **EXAMINER** ART UNIT **CLASS-SUBCLASS** ISABELLA, DAVID J 3738 128-898000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the Mayer Fortkort & names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Williams, PC firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer David B. Bonham, Esq.

will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)

(A) NAME OF ASSIGNEE

attorneys or agents. If no name is listed, no name

Karin L. Williams, Esq.

Innercool Therapies, I	.nc. San Di	.ego, Ca	litornia		
Please check the appropriate assignee category or categorie	s (will not be printed on the patent);	☐ individual	Corporation or other private grou	p entity	
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):			. ,	
☆ Issue Fee	☐ A check in the ame	☐ A check in the amount of the fee(s) is enclosed.			
XPublication Fee	Payment by credit	☐ Payment by credit card. Form PTO-2038 is attached.			
X Advance Order - # of Copies6	The Director is he Deposit Account Nur	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1047 (enclose an extra copy of this form).			
Director for Patents is requested to apply the Issue Fee and Keum J. Park Req. No.	Publication Fee (if any) or to re-apply	any previously p	aid issue fee to the application identi	fied above.	
(Authorized Signature) WOTE; The Issue Ice and Publication Fee (if required other than the applicant; a registered attorney or agent interest as shown by the records of the United States Pater. This collection of information is required by 37 CFR 1.	; or the assignee or other party in and Trademark Office.	- 01 FC:2501	N ₩ABDELR3 00000054 501047	10008999	
This collection of information is required by 37 CFR 1. obtain or retain a benefit by the public which is to file application. Confidentiality is governed by 35 U.S.C. 122 estimated to take 12 minutes to complete, including gath completed application form to the USPTO. Time will vase. Any comments on the amount of time you req suggestions for reducing this burden, should be sent to Patent and Trademark Office, U.S. Department of 22313-1450. DO NOT SEND FEES OR COMPLETE SEND TO: Commissioner for Patents, Alexandria, Virgin	ering, preparing, and submitting the vary depending upon the individual uire to complete this form and/or the Chief Information Officer, U.S. Commerce, Alexandria, Virginia D FORMS TO THIS ADDRESS.	02 FC:1504 03 FC:8001			
Under the Paperwork Reduction Act of 1995, no per collection of information unless it displays a valid OMB of	sons are required to respond to a				